DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) A BLDG:								
SPIRITRUST LUTHERAN THE VILLAGE AT UTZ TERRACE STATE LICENSE NUMBER: 17620201 (X4) ID PREFIX TAG (N5) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY DIDENTIFYING INFORMATION) F 0000 INITIAL COMMENT Based on a revisit survey completed on March 22, 2023, it was determined that Spiritrust Lutheran The Village at Utz Terrace corrected the federal deficiency cited during the survey of February 15, 2023 under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care 100 Terrace 1			IDENTIFICATION NUMBER:		A. BLDG: <u>00</u>		COMPLETED:	
PREFIX TAG MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 0000 INITIAL COMMENT Based on a revisit survey completed on March 22, 2023, it was determined that Spiritrust Lutheran The Village at Utz Terrace corrected the federal deficiency cited during the survey of February 15, 2023 under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE COMPLETE COMPLETE DATE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE COMPLETE DATE A CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE COMPLETE DATE COMPLETE DATE COMPLETE DATE COMPLETE DATE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE CO	SPIRITRUST LUTHERAN THE VILLAGE AT UTZ TERRACE			2100 UTZ TERRACE				
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	

TITLE: (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

CMS-2567L E3BK12 IF CONTINUATION SHEET Page 1 of 1



Certified End Page

SPIRITRUST LUTHERAN THE VILLAGE AT UTZ TERRACE

STATE LICENSE NUMBER: 17620201 SURVEY EXIT DATE: 03/22/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY